



HHSC UNIFORM MANAGED CARE MANUAL

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| Version 2.0 | |

Quality Incentive Payment Program (QIPP) Payment Validation

DOCUMENT HISTORY LOG

| STATUS ¹ | DOCUMENT REVISION ² | EFFECTIVE DATE | DESCRIPTION ³ |
|---|--------------------------------|-------------------|---|
| Baseline | 2.0 | September 1, 2017 | Initial version Uniform Managed Care Manual Chapter 6.2.16 "Quality Incentive Payment Program Validation." Version 2.0 applies to contracts issued as a result of HHSC RFP numbers X29-10-0020, X29-12-0002, and X29-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. |
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| ¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions ² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision. ³ Brief description of the changes to the document made in the revision. | | | |



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Applicability of Chapter 6.2.16

This chapter applies to managed care organizations (MCOs) participating in the STAR+PLUS Program, including the Medicare-Medicaid Dual Demonstration. The term “MCO” includes health maintenance organizations, exclusive provider organizations, insurers, Medicare-Medicaid Plans, and any other entities licensed or approved by the Texas Department of Insurance. For purposes of this chapter, the term “MCO” also includes a MCO's subcontractor that performs data processing functions.

In this chapter, references to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to STAR+PLUS, including the Medicare-Medicaid Dual Demonstration.

All capitalized terms in this chapter are defined in Attachment A, of the corresponding STAR+PLUS managed care contracts.

Quality Incentive Payment Program Payment Validation

Each quarter HHSC will validate Quality Incentive Payment Program (QIPP) payments made by MCOs to Nursing Facilities (NFs) as follows:

- 1) Using a random sample of NFs from each MCO, HHSC will issue a request letter to the respective MCO with the names of the NFs that have been selected for payment validation and a request for:
 - a) the related QIPP payment vouchers; and
 - b) the MCO's action with respect to these NFs (were payments made to the NFs and for how much, or were the NFs not paid).
- 2) HHSC will log that the request letter was sent to the MCO.
- 3) The MCO must submit the requested information to HHSC within 10 Days of receipt of the letter (the submission deadline).
 - a) HHSC will log information as it is received from the MCO. If there are missing elements, HHSC will notify the MCO. The MCO has 5 Days to submit the missing elements to HHSC. Once all elements are complete, HHSC will process the payment validation.
- 4) Once the payment validation has been processed, HHSC will issue a findings letter notifying the MCO that HHSC either:



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- a) agrees with the MCO's actions, and the payment validation is complete; or
 - b) does not agree with the MCO's actions, and the payment validation is not complete; either the MCO needs to recoup money from or make additional QIPP payments to the NFs.
- 5) HHSC will log that the findings letter was sent to the MCO.
- 6) If the MCO is notified that the payment validation is not complete, the MCO must respond with its intended course of action within 5 Business Days of receiving the findings letter.
- a) If the MCO disagrees with HHSC's findings, the MCO's response must include an explanation of why it disagrees and a request for revised findings.
 - b) If HHSC receives a request for revised findings, HHSC has 10 Business Days to respond in writing to the MCO.
 - c) If HHSC accepts the request for revised findings, it will issue a revised findings letter notifying the MCO that the payment validation is complete.
 - d) If HHSC rejects the request for revised findings and determines that funds should be recouped from or a payment should be made to a NF, the MCO has 30 Days from the date of the rejection letter to make the recoupment or pay the NF accordingly.
- 7) The MCO must notify HHSC of all recoupments or payments made to resolve HHSC's findings within 5 Business Days of the final action. The letter should include the date and amount of each recoupment or payment.
- 8) HHSC will issue a final letter to the MCO upon completion of the payment validation.